SOUTH AUSTIN SURGERY CENTER
4207 James Casey Ste #203
Austin, Texas 78745

OPERATIVE REPORT

PATIENT NAME: ARGUELLO, JESSICA
PATIENT ACCOUNT: 22963.
SURGEON: Jeffrey T. Jobe, MD
DATE OF PROCEDURE: 01/09/2020

ARGUELLO, JESSICA
DOB: 02/19/1966
DR. JEFFREY T. JOBE
DOS: 01/09/2020
PID: 22963
Operative Report

AGE: 53
SEX: F

PREOPERATIVE DIAGNOSES:
1. Right thumb posttraumatic MCP osteoarthritis.
2. Right hand neuroma of the superficial sensory radial nerve.

POSTOPERATIVE DIAGNOSES:
1. Right thumb posttraumatic MCP osteoarthritis.
2. Right hand neuroma of the superficial sensory radial nerve.

OPERATIONS PERFORMED:
1. Right hand first MCP arthrodesis.
2. Neuroma excision, right hand.

ANESTHESIA: Laryngeal mask anesthesia.

FINDINGS: The neuroma was a neuroma in continuity with severe scarring down to a suture from a previous surgery. The nerve was able to be kept intact and the neuroma was excised via careful external neurolysis.

IMPLANTS: Acutrak 4.5 mm x 40 mm screw.

COMPLICATIONS: None.

DISPOSITION: Stable to Recovery.

INDICATIONS: This is a pleasant 53-year-old female with right first MCP posttraumatic arthritis with a previous ulnar collateral ligament repair. She has ongoing pain. I have discussed risks, benefits and alternatives to fusion of the joint as well as excision of a neuroma. She has given written and verbal consent to proceed.

DESCRIPTION OF PROCEDURE: Patient was met in the preop and the surgical site was confirmed and signed. The consent was reviewed and she was transported to the operative theater per the Anesthesia team and underwent laryngeal mask anesthesia. The right upper extremity was prepped and draped and time-out was performed. The arm was exsanguinated. Tourniquet inflated. Dorsal incision was made over the MCP joint. I dissected ulnarly to

EXHIBIT A

RE: ARGUELLO, JESSICA
OPERATIVE REORT
PAGE 2 OF 2

identify the neuroma. The superficial sensory radial nerve branch was identified and careful external neurolysis was performed. This was intertwined in scar tissue around a knot of Ethibond from the previous surgery. Careful external neurolysis was performed to excise the neuroma and free the nerve from the knot. The knot was excised as were other sutures in the area. I opened the interval between the EPB and EPL tendons, exposed the joint, prepped the joint and I placed a pin across the joint. I measured the pin and overdrilled it. I placed an Acutrak screw with excellent purchase, sizes as mentioned above. This was with the thumb in 30 degrees of flexion at the MCP joint. After fixation, the thumb could be opposed to the base of the small finger. I was happy with the alignment and the compression of the joint. I copiously irrigated the incision and injected with 20 mL of 1% lidocaine with epinephrine, 0.25% Marcaine plain mixed in a 1:1 mixture and the EPB and EPL were closed using a 4-0 Vicryl suture and the skin was closed with Monocryl and Dermabond. Sterile dressing was applied. This patient was awoken and transported to Recovery having tolerated the procedure well in a thumb spica splint.

PLAN: Therapy in the next 10 to 14 days to get a removable hand based thumb spica splint with the IP joint free. She will wear this for six weeks.

Jeffrey T. Jobe, MD
JTJ/vvv/00027199/64227273
D: 01/09/2020 10: 18
T: 01/10/2020 02: 04